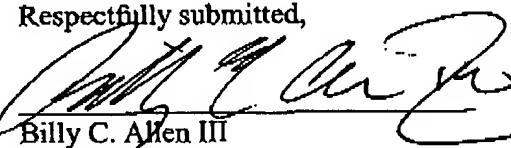


**Power of Attorney**

Applicant's correspondence address on the cover of the Office Action is incorrect. Applicant hereby attaches a copy of a Power of Attorney and a Statement Under 37 C.F.R. 3.73(b) that were filed on June 2, 2003, and please correct the Applicant's correspondence address as follows:

Wong, Cabello, Lutsch, Rutherford & Brucculeri, L.L.P..  
20333 State Hwy 249, Suite 600  
Houston, TX 77070

Respectfully submitted,



Billy C. Allen III  
Reg. No. 46,147

5/19/05

**CUSTOMER NO. 29855**

Wong, Cabello, Lutsch, Rutherford & Brucculeri, L.L.P..  
20333 State Hwy 249, Suite 600  
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Please type a plus sign (+) inside this box 

PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

Application Number	10/053,310
Filing Date	November 2, 2001
First Named Inventor	Timothy M. O'Neill
Group Art Unit	
Examiner Name	
Attorney Docket Number	199-032GUS

I hereby appoint:

 Practitioners at Customer Number

29855

Place Customer  
Number Bar Code  
Label here

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

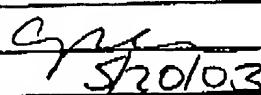
<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City			
Country			
Telephone			

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	Cynthia Pevhouse
Signature	
Date	5/20/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on

PAGE 11/12 \* RCVD AT 5/19/2005 11:33:39 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/1 \* DNI:8729306 \* CSID:8324462424 \* DURATION (mm:ss):03:55

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant: Polycom, Inc.Application No.: 10/053,310Filed: November 2, 2001Entitled: Conferencing Network Resource Optimization for Multipoint ConferencesPolycom, Inc.

(Name of Assignee)

a Delaware Corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of an undivided part interest

in the patent application identified above by virtue of either:

A.  An assignment from the inventor(s) of the patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
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 Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

Sholosz

Date

Signature

Signature

Cynthia Pevehouse

Typed or printed name

General Counsel

Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR PAYMENTS TO THE CHIEF INFORMATION OFFICER. FEES ARE TO BE PAID TO THE ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231.